FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

OMB APPROVAL							
OMB Num							
Expires:	April	30,2008 Je burden					
Estimated in the state of the s	averaç	je burden					
hours per r	espon	se 16.00					

SEC USE ONLY								
Prefix	Serial							
DAT	E RECEIVED							
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FINANCIAL	UNIFORM LIMITED OFFERING EXEM	PTION L
Name of Offering (check if this	s is an amendment and name has changed, and indicate change.)	< SEQ \
Filing Under (Check box(es) that app	ly):	ULOE KIN Processing
	A. BASIC IDENTIFICATION DATA	APR 1 1 9mm
1. Enter the information requested	about the issuer	·
Name of Issuer (check if this is CORPORATION	an amendment and name has changed, and indicate change.)	Washington, DC
Address of Executive Offices 4770 Biscayne Blvd., Suite 1120	(Number and Street, City, State, Zip Code)), Miami, Fl. 33137	Telephone Number (Including Area Code) 1.305.573.0833
Address of Principal Business Opera (if different from Executive Offices)	ions (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		
Alternative Energy providers		
Type of Business Organization corporation business trust	limited partnership, to be formed	08046845
Actual or Estimated Date of Incorpor Jurisdiction of Incorporation or Orga	Month Year ation or Organization: [O][8] [9][3] Actual Estivation: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS		
Federal: Who Must File: All issuers making ar 77d(6).	offering of securities in reliance on an exemption under Regulation D	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
and Exchange Commission (SEC) on	d no later than 15 days after the first sale of securities in the offering the earlier of the date it is received by the SEC at the address given b ailed by United States registered or certified mail to that address.	g. A notice is deemed filed with the U.S. Securities below or, if received at that address after the date on
Where To File: U.S. Securities and	Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	0549.
	this notice must be filed with the SEC, one of which must be manual copy or bear typed or printed signatures.	ly signed. Any copies not manually signed must be
Information Required: A new filing thereto, the information requested in not be filed with the SEC.	must contain all information requested. Amendments need only report C, and any material changes from the information previously supp	ort the name of the issuer and offering, any changes plied in Parts A and B. Part E and the Appendix need
Filing Fee: There is no federal filin	g fee.	
ULOE and that have adopted this fare to be, or have been made. If a	reliance on the Uniform Limited Offering Exemption (ULOE) for some Issuers relying on ULOE must file a separate notice with the state requires the payment of a fee as a precondition to the claim for shall be filed in the appropriate states in accordance with state law	Securities Administrator in each state where sales or the exemption, a fee in the proper amount shall

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the

this notice and must be completed.

filing of a federal notice.

2. Enter the information requested for the following: Bach promoter of the issuer, if the issuer has been organized within the past five years: Bach promoter of the issuer, if the issuer has been organized within the past five years: Bach promoter of the issuer, if the issuer has do foroprost general and managing partners of partnership issuers, and Bach executive Officer and director of carpostate issuers and of corporate general and managing partners of partnership issuers. Check Box(es) that Apply: promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Mana			A. BASIÇ IDI	ENTIFICATION DATA		The state of the s
Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 1096 or more of a class of equity securities of the issue ach executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner	2. Enter the information re	quested for the fol	lowing:			
Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers. Check Box(es) that Apply:	Each promoter of t	he issuer, if the iss	uer has been organized w	vithin the past five years;		
Each general and managing partner of partnership issuers. Check Box(es) that Apply:	Each beneficial ow	ner having the pow	er to vote or dispose, or di	rect the vote or disposition	of, 10% or more of	a class of equity securities of the issue
Beneficial Owner Beneficial Owner Beneficial Owner Director General and/or Managing Partner	Each executive off	icer and director of	f corporate issuers and of	corporate general and mar	naging partners of i	partnership issuers; and
Managing Partner Managing Partner Managing Partner	Each general and n	nanaging partner o	f partnership issuers.			
Emas, Josephy Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:	Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	
Business or Residence Address (Number and Street, City, State, Zip Code) 1224 Washington Avenue, Miami Baeach, Fl. 33139 1224 Washington Avenue, Miami Baeach, Fl. 33139 1234 Washington Avenue, Miami Baeach, Fl. 33139 1234 Washington Avenue, Miami Baeach, Fl. 33139 1236 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner 1237 Full Name (Last name first, if individual) 1238 Business or Residence Address (Number and Street, City, State, Zip Code) 1239 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner 1240 Full Name (Last name first, if individual) 1250 Business or Residence Address (Number and Street, City, State, Zip Code) 1251 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner 1252 Full Name (Last name first, if individual) 1253 Business or Residence Address (Number and Street, City, State, Zip Code) 1254 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner 1254 Full Name (Last name first, if individual) 1255 Business or Residence Address (Number and Street, City, State, Zip Code) 1255 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner 1256 Full Name (Last name first, if individual) 1257 Business or Residence Address (Number and Street, City, State, Zip Code) 1257 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner 1258 Full Name (Last name first, if individual) 1259 Business or Residence Address (Number and Street, City, State, Zip Code) 1269 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	5 11 N	Ci-dividual)		· · · · · · · · · · · · · · · · · · ·		
Susiness or Residence Address (Number and Street, City, State, Zip Code)	· ·	i individual)		•		
Check Box(es) that Apply:	Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:	1224 Washington Avenu	e, Miami Beach,	Fl. 33139			
Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:	Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	—
Check Box(es) that Apply:	Full Name (Last name first, i	f individual)			+ -7	
Managing Partner Managing Partner	Business or Residence Addre	ess (Number and	Street, City, State, Zip C	ode)	****	
Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:	Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	_
Check Box(es) that Apply:	Full Name (Last name first, i	if individual)				
Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:	Business or Residence Addre	ess (Number and	Street, City, State, Zip C	Code)		
Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:				F7 5 11 000	□ B:	Consul and/as
Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:	Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	
Check Box(es) that Apply:	Full Name (Last name first,	if individual)	<u></u>			
Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:	Business or Residence Addre	ess (Number and	Street, City, State, Zip C	Code)		
Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:	Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)	Full Name (Last name first,	if individual)				
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)	Business or Residence Addr	ess (Number and	Street, City, State, Zip C	Code)		
Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)	Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)	Full Name (Last name first,	if individual)				
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)	Business or Residence Addr	ess (Number and	Street, City, State, Zip (Code)		
Business or Residence Address (Number and Street, City, State, Zip Code)	Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	
	Full Name (Last name first,	if individual)				
(Headlant sheet or convend use additional conies of this sheet as necessary)	Business or Residence Addr	ess (Number and	1 Street, City, State, Zip (Code)		
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· ·	Unatha	نامم ممانا	L ou does th	a ieruas ie	tand to sal	ll to son a	annaditad i	nuestars in	thic offeri	na?		Yes	No
ł.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.									••••••			
2.	· · · · · · · · · · · · · · · · · · ·											s 10,6	00.00
-												Yes	No
3.	Does the offering permit joint ownership of a single unit?											Z	
4.	commissing If a person states	sion or sim on to be lis , list the na	ion request ilar remune ted is an ass ime of the b you may so	ration for s sociated pe roker or de	olicitation rson or age aler. If mo	of purchase int of a brok ore than five	ers in conne er or deale (5) person	ection with r registered as to be list	sales of sec I with the S ed are asso	urities in tl EC and/or	he offering. with a state		
Ful	l Name (I	Last name	first, if indi	vidual)									
Bu	siness or	Residence	Address (N	umber and	I Street, Ci	ity, State, Z	Cip Code)						···
Na	me of Ass	ociated Br	oker or Dea	aler									
Sta			Listed Has										
	(Check	"All States	or check	individual	States)	•····		······································				All	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	MA ND WA	MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	l Name (l	Last name	first, if indi	ividual)									
Bu	siness or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)						
Na	me of Ass	sociated Br	oker or De	aler									
Sta			Listed Has						•				
	(Check	"All States	s" or check	individual	States)					***************************************	•••••••••••••••••••••••••••••••••••••••	☐ AI	l States
	AL IL MT RI	IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Fu	II Name (Last name	first, if ind	ividual)								-	
Bu	siness or	Residence	: Address (1	Number an	d Street, C	ity, State,	Zip Code)		·				
Na	me of As:	sociated B	roker or De	aler		·	<u> </u>						
Sta	ites in Wh	ich Persor	Listed Ha	s Solicited	or Intends	s to Solicit	Purchasers	<u> </u>					
	(Check	"All State	s" or check	individual	l States)	***************************************						☐ Al	l States
	AL TL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

•	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Aiready Sold
	Debt	c .	•
	Equity		\$ 75,000.00
	Common Preferred	·	
	Convertible Securities (including warrants)	s	s
	Partnership Interests		
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.	<u> </u>	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	1	\$_75,000.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
i.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	•	_
	Regulation A		\$
	Rule 504		s 75,000.00
	Total		\$ 75,000.00
l	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		<u>g 10,000.00</u>
	Transfer Agent's Fees		s0.00
	Printing and Engraving Costs		\$ 0.00
	Legal Fees	_	\$ 0.00
	Accounting Fees	_	\$ 0.00
	Engineering Fees	_	s 0.00
	Sales Commissions (specify finders' fees separately)	_	\$ 0.00
	Other Expenses (identify)		s 0.00
	Total		\$ 0.00

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
•	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to	
		Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	\$ 250,000.00	s
	Purchase of real estate		s
	Purchase, rental or leasing and installation of machinery and equipment]\$	Z \$ 300,000.0
	Construction or leasing of plant buildings and facilities	_] \$	\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	7 \$	□s
	Repayment of indebtedness		_
	Working capital		
	Other (specify):		
] \$	S
	Column Totals	\$ 250,000.00	∑ \$_750,000.0
	Total Payments Listed (column totals added)	\$\$	00,000,000
	D. FEDERAL SIGNATURE		
ig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commiss information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of R	sion, upon writter	le 505, the following request of its state
SS	uer (Print or Type) Signature)ate	
X	NERGY CORPORATION /X // // //		
	me of Signer (Print or Type) Title of Signer (Print or Type) seph I Emas		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	*	E. STATE SIGNA	TURE .	
٠ 1.		230.262 presently subject to any of	•	Yes No
		See Appendix, Column 5, for	r state response.	
2.	The undersigned issuer hereby und D (17 CFR 239.500) at such time	lertakes to furnish to any state admini s as required by state law.	strator of any state in which this i	notice is filed a notice on Form
3.	The undersigned issuer hereby un issuer to offerees.	dertakes to furnish to the state admi	nistrators, upon written request,	information furnished by the
4.	limited Offering Exemption (ULC	that the issuer is familiar with the object of the state in which this notice is of establishing that these conditions	s filed and understands that the is	
	uer has read this notification and kno thorized person.	ws the contents to be true and had duly	caused this notice to be signed o	n its behalf by the undersigned
	Print or Type) RGY CORPORATION	Signature	Date	
	Print or Type) h I Emas	Title (Frint or Type)	•	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 2 1 3 4 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach Type of investor and amount purchased in State offering price to non-accredited explanation of offered in state investors in State waiver granted) (Part C-Item 2) (Part B-Item 1) (Part C-Item 1) (Part E-Item 1) Number of Number of Accredited Non-Accredited Yes State Yes No **Investors** Amount **Investors** Amount No AL ΑK ΑZ AR CA CO CTDE DC FL GA Hī ID IL IN IΑ KS KY LA ME MDMA ΜI \$75,000.00 0 \$0.00 MN common 1 x MS

APPENDIX 1 2 3 4 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Investors Amount Amount Yes No MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RΙ SÇ SD TN TX UT VT VA WA wv WI

•	-	t ,		APP	ENDIX	-	-			
1	· · · · · · · · · · · · · · · · · · ·	2	3			5 Disqualificati				
	to non-a	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY	- walled law ou common on the ball when he						•			
PR										

